

Documentation of Strangulation

Use this form when an assault victim reports being strangled or "choked".

INCIDENT INFORMATION

| | | | | | |
|--------------------|--|-------------------|-----------------------------|---------------|--|
| Case Number: | | Date of Incident: | | Today's Date: | |
| Form Completed by: | | | Responsible Officer's Name: | | |

VICTIM'S INFORMATION

| | | | | |
|-------|------|--|---------|---------|
| Name: | DOB: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Height: | Weight: |
|-------|------|--|---------|---------|

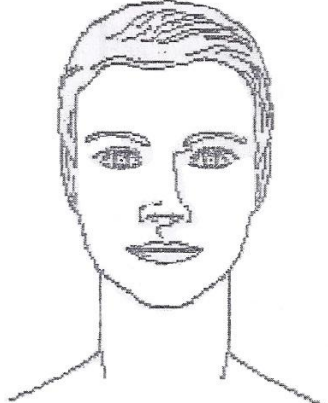
SUSPECT'S INFORMATION

| | | | | |
|-------|------|--|---------|---------|
| Name: | DOB: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Height: | Weight: |
|-------|------|--|---------|---------|

SYMPTOMS AND/OR INTERNAL INJURY

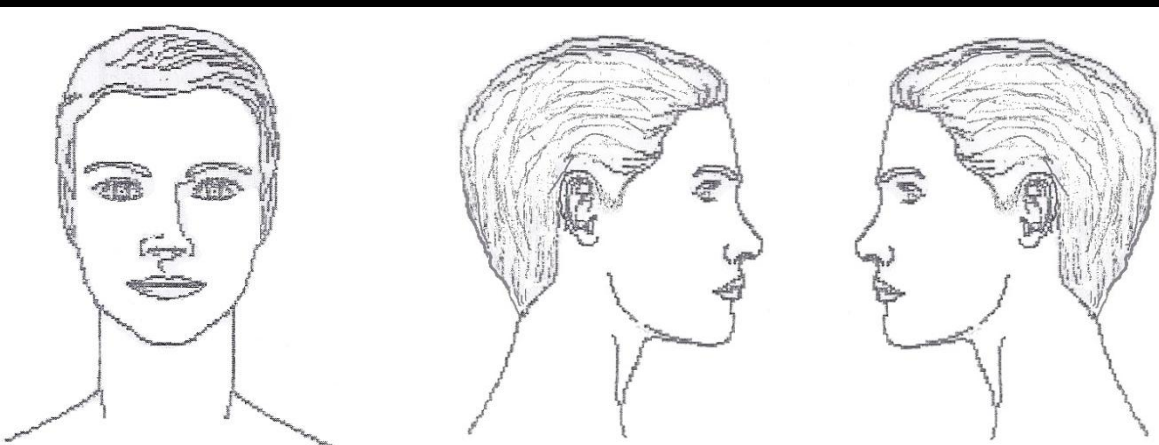
| Breathing Changes | Voice Changes | Swallowing Changes | Behavioral Changes | Other |
|--|---|---|--|--|
| <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Unable to breathe <input type="checkbox"/> Coughing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Other: | <input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Unable to speak/ no voice <input type="checkbox"/> Only able to whisper <input type="checkbox"/> Other: <input type="checkbox"/> Tape: Voice change documented | <input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomited/vomiting <input type="checkbox"/> Neck swollen <input type="checkbox"/> Drooling <input type="checkbox"/> Other: | <input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> Hallucinations <input type="checkbox"/> Restlessness or Combativeness <input type="checkbox"/> Memory loss <input type="checkbox"/> Other: | <input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Light-headedness <input type="checkbox"/> Felt like they could faint <input type="checkbox"/> Lost consciousness <input type="checkbox"/> Involuntary Urination <input type="checkbox"/> Involuntary Defecation <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Other: |

METHOD AND/OR MANNER OF STRANGULATION

| | | |
|--|---|--|
| How many times was the victim strangled during this incident | <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more | Indicate on diagram location of applied force  |
| How was the victim strangled? Check all that apply (combine multiple incidents) | <input type="checkbox"/> One hand: <input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand <input type="checkbox"/> Two hands: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Forearm: <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/> Knee: <input type="checkbox"/> Right Knee <input type="checkbox"/> Left Knee <input type="checkbox"/> Foot: <input type="checkbox"/> Right Foot <input type="checkbox"/> Left Foot <input type="checkbox"/> Chokehold: <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm If it can be determined, the type of chokehold: <input type="checkbox"/> Blood <input type="checkbox"/> Air | |
| Was the victim also smothered? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, smothered with what? | |

| | | |
|---|---|--|
| Use of ligature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe ligature: | Was the ligature brought to the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Taken as evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No | Photographed at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How long was the victim strangled? | From 1 to 10, how hard was the suspect's grip? (Low) 1 2 3 4 5 6 7 8 9 10 (High) | Did the victim demonstrate the method of strangulation to you? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| VISIBLE INJURIES | | | | |
|--|--|---|---|--|
| Face | Eyes/Eyelids | Nose | Ears | Mouth |
| <input type="checkbox"/> Red or Flushed <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Other: | Petechiae: <input type="checkbox"/> Right eyeball <input type="checkbox"/> Left eyeball <input type="checkbox"/> Right eyelid <input type="checkbox"/> Left eyelid Subconjunctival Hemorrhage: <input type="checkbox"/> Right eyeball <input type="checkbox"/> Left eyeball | <input type="checkbox"/> Bloody Nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae <div style="text-align: center;">Head</div> <input type="checkbox"/> Petechiae (scalp) Ancillary Findings: <input type="checkbox"/> Hair pull <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion | Petechiae: <input type="checkbox"/> Right external and/or ear canal <input type="checkbox"/> Left external and/or ear canal Bleeding from ear canal: <input type="checkbox"/> Right <input type="checkbox"/> Left Injury behind ear: <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/ abrasions (ancillary finding) <input type="checkbox"/> Petechiae <input type="checkbox"/> Other: |
| Under Chin | Chest | Shoulders | Neck | Hands |
| <input type="checkbox"/> Redness <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Other: | <input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Other: | <input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Elbow abrasions <input type="checkbox"/> Other: | <input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature Mark <input type="checkbox"/> Pattern Injury <input type="checkbox"/> Other: | <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail debris <input type="checkbox"/> Swelling <input type="checkbox"/> Other: |

| USE FACE AND NECK DIAGRAMS TO MARK VISIBLE INJURIES | |
|--|-------------------|
|  | |
| Any pre-existing injuries on victim? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, describe: |

PHOTOGRAPHS

Injury photos (number taken and by whom):

Crime scene photos (number taken and by whom):

(Remember: One full body photograph and multiple close-up photos of injuries at different angles as needed)

MEDICAL ATTENTION

Did EMS respond to evaluate the victim? ☐ Yes ☐ No

Was a medical waiver obtained? ☐ Yes ☐ No

ADDITIONAL INFORMATION FROM THE VICTIM

(Use additional pages as necessary)

1. Did the suspect strangle the victim multiple times? ☐ Yes ☐ No
2. Did the suspect use multiple methods of strangulation? ☐ Yes ☐ No
If yes, what methods? _____
3. Is the suspect **RIGHT** or **LEFT** handed? (circle one)
4. Was the suspect wearing jewelry? ☐ Yes ☐ No If yes, what? _____
5. What did the suspect say while strangling the victim, before and/or after? _____

6. What was the suspect's demeanor during the strangulation? _____

7. Describe what the suspect's face looked like during the strangulation: _____

8. While being strangled, was the victim: Shaken? ☐ Yes ☐ No Straddled? ☐ Yes ☐ No
Held against a wall? ☐ Yes ☐ No
Head pounded against something? ☐ Yes ☐ No If yes, what? _____
9. What did the victim think was going to happen? _____

10. How or why did the suspect stop strangling the victim? _____

11. Describe prior incidents of strangulation, prior domestic violence, and/or prior threats: _____

13. Did the victim attempt to protect herself/himself? (verbally and physically) _____

14. Did the victim injure the suspect? ☐ Yes ☐ No If yes, describe what and how: _____

15. Did the victim say anything to the suspect? ☐ Yes ☐ No What? _____
16. Could the suspect see the victim's face? ☐ Yes ☐ No
17. Did the victim lose consciousness during the strangulation? ☐ Yes ☐ No If yes, how does the victim know he or she lost consciousness? _____

Additional Domestic Violence Related Risk Factors

1. Has the suspect threatened to kill the victim? ☐ Yes ☐ No
Threatened to kill the children? ☐ Yes ☐ No Was it detailed and specific? ☐ Yes ☐ No
Has the victim believed the threats ever? ☐ Yes ☐ No
2. Does the suspect have access to weapons? ☐ Yes ☐ No
Does the suspect have a history of using/threatening to use weapons against the victim?
☐ Yes ☐ No Against others? ☐ Yes ☐ No If yes, who? _____
3. Does the suspect have substance abuse (alcohol and/or drug) issues? ☐ Yes ☐ No
Has there been a recent increase in use? ☐ Yes ☐ No
4. Has the suspect threatened to or have attempted suicide? ☐ Yes ☐ No ☐ Unk.
5. Has the suspect ever pressured the victim to have sex in a way she/he didn't like or want?
☐ Yes ☐ No
6. Does the suspect display stalking behavior? ☐ Yes ☐ No
7. Does the suspect feel "incomplete" without the victim? ☐ Yes ☐ No
8. Has the suspect ever abused pets? ☐ Yes ☐ No ☐ Unk. Other animals? ☐ Yes ☐ No ☐ Unk.
9. Does the suspect exhibit general assaultive behavior? ☐ Yes ☐ No
Has there been a recent increase in the frequency of the assaults? ☐ Yes ☐ No
Has there been a recent increase in the intensity of the assaults? ☐ Yes ☐ No
Have the assaults ever been "public"? ☐ Yes ☐ No
10. Does the abuser lack remorse or sadness about past violence? ☐ Yes ☐ No
11. Has the victim ever gotten a protection order against the suspect? ☐ Yes ☐ No
12. Has someone else ever gotten a protection order against the suspect? ☐ Yes ☐ No ☐ Unk.
13. Is there currently a protection order against the suspect? ☐ Yes ☐ No
14. Has there been a recent separation, a divorce filing, a job loss, etc.? ☐ Yes ☐ No